

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
VOLUNTEERS-IN-PARKS PROGRAM

AREA

Agreement for Individual Voluntary Services

(Act of July 29, 1970 Public Law 91-357)

NAME - Last, first, middle initial (please print)

TELEPHONE

ADDRESS (Street, city, state, zip code)

Brief description of work to be performed, including minimum time commitment required. (Attach complete job description to this form)

Volunteer will travel to and from work area on concession boats. Volunteer will collect trash, debris and waste from the shoreline areas of Lake Powell. Work will involve walking, bending and lifting in all kinds of weather and over rough, sandy, and rocky terrain. Trash Tracker captain will supervise volunteers. Volunteers agree to work 32 hours during a 5-day period (42 hours for 7-day trip).

I understand that I will not receive any compensation for the above work and that volunteers are NOT considered to be Federal employees for any purpose other than tort claims and injury compensation, and I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the National Park Service or I may cancel this agreement at any time by notifying the other party.

I do hereby volunteer my services as described above, to assist the National Park Service in its authorized work.

Signature of Volunteer

Date

The National Park Service agrees, while this arrangement is in effect, to provide such materials, equipment and facilities that are available and needed to perform the work described above, and to consider you as a Federal employee only for the purpose of tort claims and compensation for work related injuries.

Signature of Park VIP Coordinator

Date

TERMINATION OF AGREEMENT

Agreement Terminated on _____
Month, Day, Year

Signature of Park VIP Coordinator

**Glen Canyon National Recreation Area
Volunteers-In-Parks**

Emergency Notification

Please complete fully every line. If it does not pertain to you, please state “None”

Volunteer: _____

Next-of-kin: _____

Relationship: _____

Address: _____

Phone: (Home) _____ (Work) _____

Medication taken regularly: _____

Allergies: _____

Medical history we should be aware of: _____

Please state any reason(s), medical or other, that would prevent you from fully adhering to the job description listed above:
